

Zoning Compliance for Campgrounds

Date _____

Name _____

Mailing Address _____

Phone Day _____ Evening _____

Location of Property _____

What are you applying for:

Room addition ☐ Deck addition ☐ Screen in room ☐ Other ☐

Details of proposed construction _____

This Zoning compliance does not cover all aspects that may arise, it is the responsibility of the owner and applicant to become aware of all regulations that will encompass their project.

Minimum setbacks

Front 10 feet from R-O-W
Side 5 feet
Side street 10 feet from R-O-W
Rear 5 feet

Set backs are taken from anything attached to the main structure.

This drawing of the property must show the following minimum requirements.

Distances of all property lines.

Existing setbacks on all defined accessory structures Size of Rv or Camper, Size of room additions, Screen rooms, Porches, Decks and walkway.

Setbacks must be met before this permit is issued. Screen rooms must maintain 100% Screen along all walls, this includes doors.

See the attached sample drawing for reference.

I have read and understand the above zoning permit, and agree to abide by it's rules and regulations. I also understand that any false Information supplied by me on this application will void this permit. The above information is true to the best of my knowledge. I also understand that this Zoning Compliance will expire in six (6) months from the date of issuance, if the permit is not acted upon as described in Article II Section 3.1.

Scale _____ to _____ All corners must be established by permanent markers.

Owner / Applicant

I do hereby give permission for the Planning Department to visit my property and verify the above drawing for accuracy.

Campground Representative

I do hereby state that I have reviewed the plans and have preformed a site visit, and that all Campground Ordinance regulations have been met.

County Planner

I do hereby state that I have reviewed the above presented information, appears to be correct. The permit as submitted has been approved.